

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1	1					
2		1				
3		2				
4		2				
5		①				
6		④				
7		2				
8		2				
9		2				
10		⑦				
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TOTAL DEP.	19					
TOTAL CLAIMS						
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